09 900 187

-√pplication or Docket Number

3161-21-1

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| | | | | | | | | | | _ | | |
|---|--|---|----------------------|-------------------------------|----------------------|------------------|---|-------------------|------------------------|------|----------------------------|------------------------|
| | · | CLAIMS AS | S FILED - (Column | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
| TOTAL CLAIMS | | | 17 | | | | ſ | RATE | FEE | 1 | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | Ī | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | /1 minus 20= | | • | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | | | • / | | Ī | X40= | 40 | OR | X80= | |
| MU | JLTIPLE DEPEN | IDENT CLAIM P | RESENT | | | | | +135= | | OR | +270= | |
| * If the difference in column 1 is less than zero | | | | | r "0" in c | column 2 | L | TOTAL | 395 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | OTHER | THAN |
| | _ | (Column 1) | (Column 2) | | | (Column 3) | | SMALL | ENTITY | OR | SMALL | |
| IENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | F CL AINA | = | ſ | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL | | OR | TOTAL | |
| | | (Column 1) | ŕ | (Colu | mn 2) | (Column 3) | A | DDIT. FEE | _ | | ADDIT. FEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | ı | X\$ 9= | | OR | X\$18= | |
| AME | Independent | NTATION OF MI | Minus | *** | CL AIM | = | Γ | X40= | | OR | X80= | |
| | THOTTMESE | NITATION OF MIC | JEHI CE DEI | LIVOLIVI | OLAIM | | | +135= | | OR | +270= | |
| | | | | | | | | TOTAL | | OR | TOTAL | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | DDIT. FEE | | | ADDIT. FEE | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IEST BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | F | X40= | | | X80= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= | | | | | | | | | OR | | |
| • | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | OR | +270= | |
| •• | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | OR , | TOTAL ADDIT. FEE | -718 |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.